

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AN		3. FEC Identification Number C C90011172
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	D	D	Y	Y	Y	Y
0	8	1	0	2	0	1	0

THROUGH

M	M	D	D	Y	Y	Y	Y
0	8	1	2	2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

26448.77

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Stephen Graham

08/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AN

Full Name (Last, First, Middle Initial) of Payee
Mission Control, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Mailing Address
114 A Mansfield Hollow Road

Amount

17160.60

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Expenditure
Mailer Middle ClassCategory/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 16

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
James B RenacciCalendar Year-To-Date Per Election
for Office Sought

776448.77

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
U.S. Postmaster

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Mailing Address
1915 14th Street NW

Amount

9288.17

City	State	Zip Code
Washington	DC	20009

Purpose of Expenditure
Mailer Middle ClassCategory/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 16

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
James B RenacciCalendar Year-To-Date Per Election
for Office Sought

776448.77

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

26448.77

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

26448.77